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Shame, Ideal Self, and Narcissism

MUCH OF THE LITERATURE ON SHAME begins with the observation that this affect has been ignored, little appreciated, or misunderstood in psychoanalytic writings. This observation has been frequently enough made, in some intriguing and useful accounts, that a substantial body of work on this important subject has accrued, particularly with regard to the differentiation of shame from guilt. Many psychoanalysts have assumed that guilt is the “weightier” subject, and that shame is merely a phenomenon of the ego’s response to social disapproval, representing little significance compared to guilt’s internal conflicts, the painful war waged between the agencies id, ego, and superego.

With some other authors (Lewis, 1971; Lynd, 1958; Thrane, 1980; Wurmser, 1981) I shall assume throughout this paper that shame is an affect of equal importance, theoretically and phenomenologically, to guilt. I shall also include within the designation of shame those related phenomena of humiliation, mortification, remorse, apathy, embarrassment, and lowered self-esteem. While there is good reason to attempt differentiation of these phenomena from shame and from one another, I believe that, for the purposes of this examination, they are closely enough related emotions to be subsumed under “shame” as a signifying affect. Shame has been relegated to second-order importance in classic psychoanalytic literature, I believe, because it relates directly to a construct which until recent writings has not been easily integrated into the mainstream of Freudian concepts—that of the *self*. Thus, much of the significant work on shame has emerged from writers working within Sullivanian (and other neo-Freudian) perspectives. As we shall see, the classical construct of the ego ideal, a poorly differentiated element of the system superego, has been previously invoked in discussions of shame. That loving function of the superego has traditionally been less accessible than its punitive function, regularly associated with guilt.

With the work of Kohut, the construct of the self has been elaborated and elevated to a place in psychoanalytic conceptualization which should allow for a more systematic and helpful examination of the phenomenon of shame. In this paper I shall attempt to re-examine shame in the context of Kohut's contributions. First, I shall review the concept of shame (and its relation to guilt), including some thoughts on why shame has been insufficiently considered in the classical literature. I shall then turn to the construct of the *ideal self* and its relationship to shame. Finally, I shall attempt to utilize conceptualizations from Kohut's recent writings to indicate that shame is an affect central to the application of his theory, representing in fact a seminal dilemma for the narcissistic personality.

The Psychology of Shame

Freud's development of structural theory (1914, 1923) led to the evolution of the constructs super-ego and ego-ideal, and with them the potential for an understanding of shame. However, his emphasis and interests lay in other directions, and, under the sway of libido and conflict theory, he focused on the development of guilt in relation to Oedipal strivings and superego retaliation. He added little to the understanding of shame (Hazzard, 1969), suggesting only that it reflected danger from exposure to others through genital visibility and vulnerability when man assumed the upright position (1930); and also the sense of genital deficiency in women (1933), with shame emerging primarily as a feminine characteristic. With Thrane (1980), I note the relationship of this conceptualization to Adler's "organ inferiority" and "inferiority complex", suggesting that Freud may have avoided the affect of shame in part because of its proximity to Adler's contributions. Also, Freud alluded to shame as a reaction to forbidden libidinal wishes and sexual exhibitionism, never clearly differentiating it from the guilt resulting from overstepping the sexual taboo.

A major psychoanalytic statement on shame and guilt was that of Piers and Singer (1953). Piers defined guilt as the painful internal tension whenever an emotionally charged barrier of the superego is transgressed, as by id impulses of aggression and sexuality. The resultant danger from such transgression is dismemberment and annihilation (i.e., castration). Shame, on the other hand, results from a tension between the ego and that ill-defined substructure of

the superego—the ego ideal. According to Piers, shame is manifest when a goal of the ego ideal is not attained, and therefore is the result of failure. As the threat from guilt is castration, so the threat from shame is abandonment and rejection. Piers describes the ego ideal as containing narcissistic omnipotence, the sum of positive identifications and social roles, and an awareness of the ego's potentialities and goals. He also describes a guilt-shame cycle, in which an id impulse is inhibited (guilt), leading to passivity (shame), and subsequent overcompensation and impulse expression, which in turn leads again to guilt, and inhibition of the impulse. The guilt-shame cycle is Piers' attempt to integrate the two affects, and to overcome the reductionistic tendency in his differentiation between them. Finally, according to Piers, shame is a reflection of body functions and comparison of self to others, with resultant feelings of inferiority. Such comparisons lead to the shame phenomena of blushing, and of hiding (i.e., the defective body part). Shame, then, leads to hiding and compensatory activity to camouflage a defect.

Thus, with his emphasis on failure and the ego ideal, Piers' conceptualization of shame leads inevitably to the concept of "self", an entity more global and less circumscribed than the structures id, ego, and superego. Also, Piers introduces the concept of narcissism in relationship to shame, which I will develop later in this paper. Lewis (1971), in her study of the phenomenology of shame and guilt, further develops the concept of self. She demonstrates that Freud came late to the 'self', failing to clearly differentiate it from ego and ego ideal. Such a clarification in Freudian theory had to await Hartmann (1950) and Jacobson (1954). However, the self concept is central to Lewis' understanding of shame. According to her, "The self is, first of all, the experiential registration of the person's activities as his own" (Lewis, p. 30). Shame, according to Lewis, is about the whole self, and its failure to live up to an ideal; as such, it is a "narcissistic" reaction. A typical defense against shame is hiding, or running away. Hostility against self is experienced in a passive mode, and therefore leaves the shame-prone individual subject to depression. Guilt, on the other hand, refers to a transgression, an action, and therefore has a more specific cognitive or behavioral antecedent than shame, referring less globally to the subjective sense of self. Lewis states, "Shame of failure is for an involuntary event. It results from incapacity. Guilt for transgres-

sion is, by implication, guilt for a voluntary act or choice. The proximal stimulus to shame is thus deficiency of the self; while the proximal stimulus of guilt is some action (omission) by the self, which by implication is able. Shame thus feels involuntary; guilt feels as if it were more voluntary" (Lewis, p. 86).

Lewis, an experimental researcher as well as psychotherapist, studies the interesting relationship between field dependence and independence to shame. Field dependence is a perceptual style in which individuals have difficulty perceiving an object as separate from its "embedding context" (background). Thus, field-dependent persons tend to be more "other-directed" and influenced by the opinions of others than are field-independent persons. Through detailed analyses of transcripts of field-dependent and independent patients, Lewis demonstrates that field-dependent individuals are more prone to the affect of shame; tend to be women; and are more likely to experience depression. Field-independent patients, on the other hand, tend more to experience guilt, to isolate affect, and to be men. It would be interesting to repeat Lewis' studies in the context of the women's movement, and resultant variations in women's self-esteem.¹

The referent of shame, then, is the self, which is experienced as defective, inadequate, and having failed in its quest to attain a goal. These goals of the self relate to ideals internalized through identification with the "good" (or idealized) parent, and as such reflect that portion of the superego contained within the ego ideal. However, in considering the construct of self, a second concept comes under scrutiny which is critical in our consideration of shame—the concept of identity. Erikson (1950) develops "identity" as part of his pioneer work on developmental stages, where he speaks of the stage of Autonomy vs. Shame and Doubt. Identity relates to conscious and unconscious strivings for continuity and synthesis of personality, maintenance of congruence with the ideals and identity of one's chosen social group, and a conscious awareness of who one is. Lynd (1958) indicates that Erikson "includes in the meaning of identity the self as subject and object, as observer and

¹ A thoughtful paper by Sederer and Seidenberg (1976) speaks to the shame-proneness of women, and their pressure to meet the separate and conflicting goals of expressing womanhood through procreation and the home, and attaining aspirations in the male-dominated work world.

observed-meanings that are sometimes kept separate in an effort to make exclusive distinctions between the concepts self and ego" (p. 204). According to Lynd, shame and doubt relate to the development of self-esteem, and thus imply a consciousness of the whole self. In addition, it is associated with "unconfronted aimless anxiety" (p. 207), which drives the individual into irrational flight, covering or hiding of the exposed vulnerability, or into denial of that defect or vulnerability. Shame, then, reflects feelings about a defect of the self, a lowering of self-esteem, falling short of the values of the ego ideal, a flaw in one's identity representation.

The external danger from the experience of shame is abandonment or rejection (Piers, 1953; Levin, 1967), in contrast with punishment and castration in relationship to guilt (Piers, 1953). Levin further indicates that anxiety about the potential for shame leads to a specific affect which he describes as shame anxiety. Since shame is experienced in relationship to a "perceiving other," it may lead to recoil and withdrawal from significant objects (Levin, 1967). One disagreement in the literature on shame is the question of how closely tied it is to a social context. Lowenfeld (1976) suggests, for instance, that shame is a social phenomenon, and as such plays an important role in upholding the structure of society. Thrane (p. 332) indicates that shaming, as in the early anal stage of development, is a central first step in the socialization process. On the other hand, others argue that shame reflects feelings about failure to live up to one's deepest ideals and morals. Since the "ego ideal" refers to internalization of idealized objects and values, shame can also be viewed as reflecting prior development of a moral system, and thus relates to the individual's deepest held values and personal identity which "fall short" of his self-expectations (Thrane, p. 338). How closely tied one's sense of identity and self-esteem are to a social context may well be a reflection of the nature of an individual's field dependence or independence, as described by Lewis.

Another important relationship is that between shame and narcissism. It is not a coincidence that Freud first evolved the ego ideal construct in his paper *On Narcissism* (1914), where he states, "It would not surprise us if we were to find a special psychical agency which performs the task of seeing that narcissistic satisfaction from the ego ideal is ensured and which, with this end in view, constantly watches the actual ego and measures it by that ideal." Since shame

is experienced in relationship to the self, libidinal energy associated with the shame experience is closely tied to narcissism and its viscissitudes.

Lewis (p. 37) observes that shame "is thus a narcissistic reaction, evoked by a lapse from the ego-ideal." Lowenfeld (1976) notes that "shame, so weakened in reaction to moral standards, is still experienced when a person's narcissism is involved." Finally, Jacobson (1964) pointed out that shame is related to the viscissitudes of narcissistic libido, whereas guilt relates more closely to the viscissitudes of object-libido. I shall consider the relationship of shame to narcissistic injury later in this paper, but at this point it suffices to point out that, where a defect or failure of the self is perceived, the resultant shame carries with it a decrease in narcissistic self-esteem.

The "Low Profile" of Shame in Psychoanalytic Writings: Lewis (p. 100) believes that the relative paucity of attention to shame in psychoanalytic literature may reflect the late, and relatively sparse, attention paid the concept of self in comparison to the ego. Freud's discussions of the superego focused almost exclusively on guilt and its relationship to castration anxiety and the Oedipus complex, with relative inattention to positive identifications and the ego ideal (Thrane, p. 322). Thrane suggests that Freud may well have been influenced in this emphasis by Western culture's preoccupation with, and Christianity's emphasis on, guilt. Erikson suggests that, in Western civilization, shame is early and easily absorbed by guilt.

A second explanation of shame's "low profile" is that guilt has been generally considered to be a more worthy, deep, and structurally-based emotion than shame. From Erikson's paradigm, the crisis of shame-autonomy precedes that of guilt-initiative. Implicit in Erikson's conceptualization is the view that shame reflects a passive orientation, while guilt, involving as it does the transgression of a boundary, reflects an active one. Freud's attention to aggressive and libidinal wishes, and the consequent retaliatory response of the superego (castration anxiety and Oedipal resolution), linked guilt much more explicitly to conflict psychology. Since psychoanalysis has evolved so clearly as the study of intrapsychic conflict, and guilt results from the conflict between unbridled libidinal and aggressive wishes and the fear of superego punishment, guilt has become a major leitmotif in psychoanalytic study.

Shame, on the other hand, does not so clearly reflect internal (intersystemic) conflict, resulting, as I have argued, from failure to

attain a superego goal or ideal (i.e., a goal of the self). Successful attainment of a goal generates pride, or enhanced self-esteem.² I have suggested that these goals and ideals are frequently internalized, just as libidinal or aggressive impulses are internal. However, the frequent linkage of shame to external expectations by many psychoanalytic writers has caused it to seem more superficial and socially embedded, less a product of internal forces, than is guilt. For these reasons classical psychoanalysis has contributed less to the psychology of shame (see Levin, 1967, 1971; Wurmser, 1981 for exceptions) than have some other authors.

In addition, because of the individual propensity to hide and withdraw in the face of shameful feelings, they have been less easy to identify and analyze than have been guilt feelings. Quoting Tarachow, Levin (1967) states that "guilt feelings bring material into the interview, shame keeps it out." Thrane suggests that guilt seeks confession, and for that reason guilty thoughts or actions are frequently brought into analysis or psychotherapy, as the patient seeks forgiveness from the therapist. Shame feelings are more painful and repugnant, leading to the intimate danger of exposure. At risk in the exposure of shameful feelings to the analyst is rejection and abandonment (Levin, 1967); the hope in sharing shame feelings is to attain acceptance and understanding. In the Western, Judeo-Christian and male-dominated ethos of psychoanalytic therapy, forgiveness may seem more easily attainable than acceptance. As Schechter (1979) remarks aphoristically, "there is no problem so great as the shame of it."

The Ideal Self and Shame

In this section, I shall reconsider the constructs ego ideal and superego, and their relationship to the ideal self, suggesting that the ideal self is a more useful concept than ego ideal in assisting our understanding of shame. As already indicated, Freud did not significantly clarify the ego ideal construct, or its relationship to the

² However, the notion that shame results from failure by no means excludes the presence of conflict in its genesis. Consider, for instance, the conflict inherent in prioritizing the goals of the self. Also, failure to attain the perfectionistic goals of a grandiose self may reflect internal prohibitions against unbridled ambitions. The guilt-shame cycle of Piers is relevant here to demonstrate interaction between the two affects. However, the conflict attending shame is intrasystemic, whereas the conflict of guilt is ubiquitous, and more globally intersystemic.

other functions of the superego. Subsequent work by Hartmann (1950) and Jacobson (1954) more sharply delineated the concepts of self and ego. Jacobson (1964) also considered the ego ideal, viewing it as a "'pilot' and 'guide' for the ego." Other writers (e.g., Hartmann and Lowenstein, 1962; Reich, 1954, 1960) have attempted to elaborate the ego ideal and to differentiate it from superego, sometimes embedding the former as one function of the latter. In general, the ego ideal has been viewed as the set of goals, values, and esteemed objects towards which the ego strives. The superego, on the other hand, represents the conscience, and as such stands as judge, persecutor of the ego. When viewed as part of the superego, the ego ideal represents internalization of valued objects' goals and ideals through the mechanism of *introjection*. Sandler et al review the development of the ego ideal in Freud's writings, pointing to conflicts which suggest that this construct first refers to the individual's ideal for himself (efforts to regain infantile narcissism), then to the "conscience," (superego), and finally to the introjected parental ideals. It becomes what Schafer (1960) calls the loving and beloved superego, or what Schecter (1979) refers to as the "comforting modality of the superego, in contrast to the "persecuting" functions of the (judgmental) superego so clearly delineated by Freud.

Sandler et al. identified the ideal self as a self-representation which reflects "desired shape of the self—the self-as-I-want-to-be." As suggested above, there may be conflicts of choice between various shapes of the ideal self at any given moment. The authors also suggest that failure to attain the given goals of the ideal self may lead to lowered self-esteem and shame.

In two recent papers, Schecter (1974, 1979) has grappled with the concepts of ego ideal and ideal self, and their relationship to shame. Speaking of an ideal, Schecter describes "the ultimate perfect shape—or structure—of the wish on the one hand, and of the cultural imperative on the other. As the self and object-person become organized in experience and in our mental representations, they soon come to be comparatively monitored as to what the self and other ought to be like in their most perfect form" (1974, p. 104). About the ideal self, Schecter suggests that it "may come to have dimensions of activity (vs. passivity), intense stimulation (vs. an impoverishment of stimulation), playful, masterful body and mental activities, loving forms of relatedness—and

more—all of which become organized as ideal states, images or concepts yet to be achieved” (1974, p. 111). In his second paper, Schecter advances as a major goal of psychoanalysis a modification of the superego structure through “a mellowing and taming of the harshness of the persecuting superego combined with more realistic standards; and 2) a growth and development of the loving superego in the direction of a greater strength and protectiveness, especially in relation to the persecuting superego.” Schecter suggests that this superego modification is attained in analysis through assistance in forgiving the self or other “to give up his chronic resentment, his reproachfulness and harsh irrational claims against himself or the other, as emotional debtor or creditor; in short to forgive.” Modell (1976) also suggests similar therapeutic actions in modifying the strictures of the harsh superego.³

How does this discussion help us in our effort to differentiate the ego ideal from the ideal self? While they are closely related, the ego ideal represents, I suggest, the classification of goals, ideals, and valued object representations which the patient internalizes as a check-list against which to compare himself. The ideal self, on the other hand, is the more subjective, less specific and cognitive, sense of self, towards which the individual aspires with regard to ideals and standards.⁴ Schecter (1979, p. 368) uses the metaphor of “the North Star which guides and orients us though we cannot expect to actually reach it.” The North Star analogy represents, I suggest, the ego ideal, while the subjective sense of how closely one approximates that beacon’s direction represents the ideal self. I will use the ideal self representation as a goal, with failure to attain it reflecting the subjective sense of self-defect and shortcoming so central to the experience of shame.

Contributions of Heinz Kohut

From any initial perspective in the assessment of Kohut’s contributions, his emphasis on the central role of the self must be viewed

³ Following my earlier differentiation between the palliative goals in reparation of guilt and shame, I suggest that the loving superego seeks more appropriately to accept rather than to forgive the self for falling short of its ideals, and that psychoanalytic therapy can help to strengthen the loving superego through modifying, making more flexible and less rigid, the goals and aspirations of the ego ideal.

⁴ Schafer (1967) emphasizes that ideal self refers to a self-representation which is “an image or concept of oneself as one would be if one had satisfied a specific ideal.”

as the essential ingredient (Kohut, 1971, 1977). I shall deal briefly with Kohut's own definition of self—briefly, because Kohut himself does not spend much time on attempting a definition. In discussing the endstage of analysis—the termination phase Kohut comes closest to a definition of the self as “a center of productive initiative—the exhilarating experience that I am producing the work, that I have produced it” (1977, p. 18). Thus, the self as a center of initiative is a subjective representation, linked as it is by Kohut to the “exhilarating experience” of action.⁵ However, throughout this work he goes no further in attempting to define the self, and at the end he states, “My investigation contains hundreds of pages dealing with the psychology of the self—yet it never assigns an inflexible meaning to the term self, it never explains how the essence of the self should be defined” (1977, p. 310). He offers a definition in a narrow sense, as a “specific structure in the mental apparatus,” or a broader one, as “the center of the individual's psychological universe.” It is in the latter sense, as the center of the subjective, experience-near attributes of individual identity, that I shall use the term.⁶

In his 1966 paper, Kohut discusses shame in relationship to the ego ideal. At this stage in the development of his views on narcissism, he still works within the frame-work of structural and drive psychology. He sees the ego ideal as “related to drive control,” while the narcissistic self is the source of ambition, the wish “to be looked at and admired” (1966, p. 435–6). Later he states, “Shame, on the other hand, arises when the ego is unable to provide a proper discharge for the exhibitionistic demands of the narcissistic self” (p. 441). The shame-prone individual is ambitious and success-driven, responding to all failures (in the pursuit of moral perfection or external success) with shame.

In 1972, Kohut mentions the relationship of shame to exhibitionistic libido and defective body parts; suicide and disturbance in libidinal cathexis of the self; defect in the omnipotent gradiose self; and the response of insatiable rage to narcissistic injuries. He comes

⁵ The reader will note the similarity of Kohut's definition of “self” to that of Lewis cited above.

⁶ Again, it is striking that Kohut follows his statement about the ambiguity of the self concept by indicating that “I admit the fact (i.e., that the self is not knowable in its essence) without contrition or shame.” This is the closest that Kohut himself comes in the 1977 work to linking self with shame.

closest to the themes elaborated in this paper by stating, "The most intense experiences of shame and the most violent forms of narcissistic rage arise in those individuals for whom a sense of absolute control in an archaic environment is indispensable because the maintenance of self-esteem—and indeed of the self—depends on the unconditional availability of the approving-mirroring functions of an admiring selfobject or on the ever-present opportunity for a merger with an idealized one."

However, Kohut does not further elaborate the place of shame in the constellation of self-psychology, an elaboration which is attempted in the present paper. In subsequent sections, I shall consider the relationship of shame to the following constructs of Kohut: the Bipolar Self (grandiosity and the idealized parent imago); defensive and compensatory structures; mirroring and idealized selfobjects; the self in relation to ambitions and goals and ideals; Guilty vs. Tragic Man; and the self in the transference. I shall not attempt to evaluate the theoretical soundness of self psychology, or to establish whether in fact it represents a substantive difference from or break with classical theory. Others have recently attempted this (e.g., Friedman, 1980; Rothstein, 1980). Rather, I shall review the relationship of shame to self psychology, as an example of the application of Kohut's work to an important clinical phenomenon. Part of an assessment of the usefulness of any theoretical framework must include its capacity to clarify or amplify our understanding of such phenomena.

The *Bipolar Self* is a construct central to Kohut's theoretical system, encompassing as it does much of what has preceded in the evolution of self psychology. The Bipolar Self refers to Kohut's assertion that "the child has two chances as it moves toward the consolidation of the self"—two chances, that is, in the establishment of a healthy, cohesive self; severe self pathology occurs only when both of these opportunities fail to provide adequate experiences. Kohut continues (1977, p. 185), "The two chances relate, in gross approximation, to the establishment of the child's cohesive grandiose-exhibitionistic self (via his relation to the empathically responding merging-mirroring-approving selfobject), on the one hand, and to the establishment of the child's cohesive idealized parent-imago (via his relation to the empathically responding self-object parent who permits and indeed enjoys the child's idealization of him and merger with him), on the other." In essence, then,

the two chances for development of self-cohesion arise either early, usually with the mother, relating to adequate and empathic mirroring in response to the exhibitionistic self; and later (ages 3–6), usually with the father, reflecting empathic acceptance of the child's "voyeuristic" idealization and wish for merger. Put differently, Kohut suggests (1977, p. 190) that between the two poles of the self, a tension arc exists, an "action-promoting condition" between a person's ambitions (relating to adequate mirroring by the early selfobject), and his goals and ideals (developed later in relationship to the empathic, idealized selfobject). Success in traversing at least one of these encounters with the empathic selfobject is a prerequisite for the development of a cohesive, non-fragmented nuclear self. Implicit in the model of the Bipolar Self is the concept of a "second chance" at self-development; if the mirroring selfobject fails, some of the damage may be compensated for by the empathic idealized selfobject later on.

What constitutes pathology of the nuclear self in terms of exhibitionistic and idealizing needs in relation to the selfobject and how does it arise developmentally? According to Kohut (1977, pp. 3–4), there are defects in the early development of psychological structure of the self, and secondary structures related to the primary defect—the defensive and compensatory structures. A defensive structure functions to cover over the self's primary defect, whereas the compensatory structure strives to compensate for the defect. Thus, the compensatory structure attempts to make up for a weakness in one pole of the self (usually, in the area of exhibitionism and ambitions) by increasing self-esteem through the pursuit of ideals. Pseudovitality in a narcissistic patient may be defensive against (i.e., attempt to hide) "low self-esteem and depression—a deep sense of uncared-for worthlessness and rejection, an incessant hunger for response, a yearning for reassurance" (1977, p. 5).⁷

Kohut goes on to relate the primary structural defect in the nuclear self to the genetic failure of the mother as selfobject in mirroring the child's healthy exhibitionism; defects in the self's compensatory structures frequently reflect failure of the father as self-object in responding to the child's idealizations (1977, p. 7).

⁷ This description by Kohut of a narcissistic personality disorder fits well, I suggest, the psychodynamics of manic-depressive illness. I believe that shame is a central affect for the manic-depressive, which the manic flight attempts to hide through fantasied merger with the ideal self.

Again, we see the first pole in self-formation (ambitions-exhibitionism, the nuclear self) occurring early, the second pole (ideals-voyeurism, the compensatory structures) occurring later in development. The process of psychoanalytic treatment becomes, then, either reparation of the self's nuclear defect through repeated transmuting internalizations (within the analytic context, through transference to the mostly-empathic analyst as a responsive selfobject); or through modification of the compensatory structures, by establishing more flexible and realistic ambitions, goals, and ideals. Central to my discussion of shame is modification of grandiose ambitions and/or the ideal of perfection which may occur through identification with the accepting empathic self-object/analyst.

Kohut's psychology also explicates the steps necessary for the development of a firm nuclear self through merger with the empathic selfobject; "empathic merger with the selfobject's mature psychic organization and participation in the selfobject's experience of an affect signal instead of affect spread; . . . (and) need-satisfying actions performed by the selfobject" (1977, p. 87). In other words, the selfobject (parent) must meet the needs of the infant/child by affirming (mirroring) the child's healthy exhibitionism and/or by allowing for merger/identification with his own mature, empathic self. According to Kohut, defects which represent self pathology reflect inadequacies in the structure of the parent's self, which deprive the child of phase-appropriate adequate merger (through inadequate mirroring or idealization). Reparation through psychoanalysis occurs when the analyst provides a context of empathic mirroring, and allows for optimal idealization. Adequate nuclear self structure can be built anew, or adequate compensatory structure created, through exploration and interpretation of the perceived empathic micro-failures by the analyst, allowing for the transmuting internalizations and structure-building necessary to strengthen the patient's self.

One final point in self psychology is relevant to my subsequent discussion—Kohut's suggestion of the two major forms of self pathology. The most severe form of self-pathology is disintegration and fragmentation of the self (see 1977, pp. 76–77, 120–121); the second is emptiness, enfeeblement, and depletion of the self. Although Kohut is ambiguous on this point, I suggest that disintegration of the self reflects pathology from earlier major empathic

failures of the selfobject—inadequate mirroring of the exhibitionistic self and its ambitions. Depletion of the self tends to reflect later problems with the compensatory structures, and deficiency in the responsiveness of the idealized selfobject to the voyeuristic goals and ideals of the self. Such a distinction (i.e., between mirroring/affirming and idealized selfobject functions) cannot be made too arbitrarily, in that less severe frustration of exhibitionistic needs and ambitions can stimulate development of compensatory structures (e.g., formation of ideals) rather than causing primary defects of the nuclear self (see below).

This formulation assumes that there is a severity gradient in disorders of the self, with disintegration/fragmentation representing the most severe, primitive degree of pathology. Kohut has equated the depleted self with “empty depression” (1977, p. 243); he states (1977, p. 241–2), “And . . . there are others, who despite the absence of neurotic conflict, are not protected against succumbing to the feeling of the meaningless of their existence, including . . . the agony of the hopelessness and lethargy of pervasive empty depression . . .” That depletion (empty depression) reflects, I suggest, not the primary defect of a fragmented, disintegrated self, but failures in the compensatory structures, in the absence of goals and ideals. In his discussion of the case of Mr. M., Kohut supports this assumption of a relation between the “genetically later” failure of compensatory structures and “the father’s selfobject function as an idealized image” (1977, p. 7). The absence of ambitions, goals and ideals as a result of failure in selfobject responsiveness, and subsequent failure in compensatory structures, is the primary source of self-depletion.

How does this brief review of Kohut’s recent contributions help us in our understanding of the psychology of shame? I suggest that shame is an emotion experienced in relation to self-critical judgments, to failures and defects of the ideal self, and as such is specifically relevant to self psychology and to a thorough understanding of the narcissistic character. I hope that this paper will further delineate the importance of shame within the system of self psychology.

Shame and the Psychology of the Self

In Kohut’s 1977 book, there is only one indexed reference to shame (that relating to narcissistic rage). However, throughout the

book there are descriptions of the self and of self pathology which relate to the experience of shame (and related phenomena of humiliation, despair, mortification, lowered self-esteem and lethargy). For instance (*italics mine*), “The unresponded-to self has not been able to transform its archaic grandiosity and its archaic wish to merge with an omnipotent selfobject into *reliable self-esteem*, realistic ambitions, attainable goals” (1977, pp. 81–82);

A psychology of the self will be most important and most relevant whenever we scrutinize those states in which experiences of *disturbed self-acceptance* and/or of the fragmentation of the self occupy the center of the psychological stage (as is the case par excellence with the narcissistic personality disorders) (1977, p. 94); . . . and the success or failure of our libidinal and aggressive pursuits may result in changes of *self-esteem*, which manifested as the triumph of victory (heightened self-esteem) or as the *dejection of defeat* (*lowered self-esteem*) may in turn become important secondary forces on the psychic stage (1977, p. 97); Still, because the repressed content is not the same in the two classes of disorders—incestuous drive-wishes vs. fear of punishment (castration anxiety) in the one; the needs of a *defective self* vs. the avoidance of the mortification of being re-exposed to the narcissistic injuries of childhood in the other. . . . (1977, p. 137); the experiences that relate to the crucially important task of building and maintaining a cohesive nuclear self (with the correlated joy of achieving this goal and the correlated *nameless mortification* of not achieving it) and, secondarily, to the experiences that relate to the crucially important striving of the nuclear self, once it is laid down, to express its basic patterns (with the correlated triumph and *dejection* at having succeeded or failed in this end) (1977, p. 224);

and finally,

. . . . the struggle of the patient who suffers from a narcissistic personality disorder to reassemble himself, the despair—the *guiltless despair*, I stress, of those who in late middle age discover that the basic patterns of their self as laid down in their nuclear ambitions and ideals have not been realized. . . . This is the time of utmost hopelessness for some, of utter lethargy, of that depression without guilt and self-directed aggression, which overtakes those who feel that they have failed and cannot remedy the failure in the time and with the energies still at their disposal. The suicides of this period are not the expression of a punitive superego, but a remedial act—the wish to wipe out the *unbearable sense of mortification and nameless shame* imposed by the ultimate *recognition of a failure* of all-encompassing magnitude (1977, pp. 238, 241).

I submit that these quotes from Kohut utilize the language of shame as described earlier: “self-esteem”, “disturbed self-acceptance”, “dejection of defeat”, “defective self”, “mortification

of being exposed", "guiltless despair", "hopelessness", "lethargy" and finally, "nameless shame imposed by the ultimate recognition of a failure of all-encompassing magnitude." Although only in the last quote does Kohut directly identify shame as the emotional experience of the narcissistic personality disorder, I suggest that it is the language of shame which permeates his work.

How does Kohut believe that psychoanalysis can overcome the shame experience of the fragmented or depleted self?

This working-through process begins in most instances with the mobilization of archaic needs for mirroring and for merger; as working through is maintained, it gradually transforms the patient's ideas of archaic greatness and his wishes for merger with the omnipotent objects into healthy self-esteem and wholesome devotion to ideals" (1977, p. 150).

Thus, the analyst mobilizes the patient's primitive (previously unresponded-to) needs for mirroring, merger, and idealization through the process of "protracted emphatic emersion" (1977, p. 302) and, through transmuting internalizations provided by interpretations of the microempathic failures of the analyst, solidifies and nurtures the patient's self, heals and modifies his ambitions, goals and ideals to conform to his talents and abilities. In the language of this paper, the patient cures and reduces his shame through attainment of a cohesive, plentiful self which allows for self-acceptance, and so attains believable acceptance by the selfobject/analyst.

Several questions remain in our study of shame and its relationship to self-pathology. First of all, is the experience of shame the same for the patient with disintegration anxiety (the more primitive narcissistic personality disorder) and the one with depletion anxiety (the less severely impaired narcissistic character)? I suggest that a certain level of attainment of self cohesion is necessary in order to experience shame. Kohut states (1977, p. 191),

I suggest that we first sub-divide the disturbances of the self into two groups of vastly different significance; the primary and the secondary (or reactive) disturbances. The latter constitute the acute and chronic reactions of a consolidated, firmly established self to the vicissitudes of the experiences of life, whether in childhood, adolescence, maturity, or senescence. The entire gamut of emotions reflecting the states of the self in victory and defeat belongs here, including the self's secondary reactions (rage, despondency, hope) to the restrictions imposed on it by the symptoms and inhibitions of the psychoneuroses and of the primary disorders of the self.

I believe that shame deserves a prominent place in the list of the self's secondary reactions. However, the experience of shame re-

quires a certain degree of self-cohesion to register nonresponsiveness of a selfobject, failure in attainment of a goal, disappointment with regards to ideals, or even to bodily functions. A self that is disintegrating or fragmenting does not have the energy or luxury to register shame, but rather is overwhelmed with panic and boundary diffusion.

As a "secondary reaction" of the self, I believe that shame is a prominent response to the failure of a compensatory self structure. The reader will recall that Kohut defined "compensatory structure" as attempting to compensate for a defect in the self (in contrast to a defensive structure, which attempts to cover over the primary self defect). One characteristic example of compensatory structure offered by Kohut is the enhancement of self-esteem through the pursuit of ideals. From my earlier discussion of shame, failure in attaining an ideal or goal is a major precipitant to shame, with the concomitant threat of rejection or abandonment by the "significant object." This threat of abandonment or rejection may also reflect an earlier experience of failed responsiveness (e.g., affirmation or mirroring) by the parental selfobject to the self's healthy exhibitionistic attempts. Such defeat of healthy exhibitionistic strivings may lead to compensatory creation of ideals, aimed at reversing the perceived disinterest and apathy of the parental selfobject. In this way, defensive strivings may be transformed into compensatory structure in healthier narcissistic patients. However, recurrent failure in attaining responsiveness from the selfobject to the idealized quest for merger will lead to a sense of emptiness, depletion and despair. In this sense, shame becomes a response to failure in attaining the goal of the ego-ideal, or in the language of this paper, a response to a defect in the ideal self.

Kohut speaks of self pathology in terms of disintegration and depletion anxiety. Although he does not explicitly say so, I suggest that depletion anxiety is the product of less severe self pathology, the result of a failure of the "more or less" cohesive self, and thus a failure of a compensatory structure to attain an ideal, including the ideal of gaining for the striving self the admiration/mirroring of a responsive selfobject. Shame, then, can be understood as one reaction to failure in the self's quest to gain responsiveness/affirmation by the selfobject, or to generate ideals. It reflects the subjective experience of the defeated self depleted of energy, falling short of attaining ambitions and ideals. Within Kohut's framework, we have

arrived at the complement to a fall in self-esteem, the hallmark of shame in the previous writings cited above.

If the reader accepts my suggestion that shame reflects self depletion—failure to attain ambitions and ideals—we must address the relationship between shame and depression. I have already considered Kohut's statement of the "guiltless despair" resulting from the self's failure to realize its ambitions and ideals. He indicates the relationship of self depletion to the depression of middle life over failure to attain the goals of the nuclear self. Bibring (1953) also relates depression to decrease in self-esteem.⁸ The reader will recall that Lewis, in her discussion of shame and field-dependency, related shame to depression in the field-dependent patient (Lewis, p. 55).

Thus, Kohut's (and Bibring's) explanation of depression is complementary to that of classical conflict-drive theory, suggesting an alternate view within the theoretical framework of self-psychology—that there is a close relationship between shame and depression (through depletion of the nuclear self, failure of the ideal self); and that, for some patients (e.g., those suffering from narcissistic personality disorders) the relationship of depression to failure in attaining ambitions and ideals may be most compelling.

When considered in the context of self psychology, must the experience of shame be relegated only to those patients suffering from the (relatively serious) personality disorder of narcissism? Certainly, we know that all individuals, including the relatively healthy (possessors of a firmly cohesive "nuclear self"), suffer at times from the affect of shame (especially, as Lewis has described, those who are relatively field-dependent). I suggest that shame in healthy people can also be understood in terms of micro-failures of the (relatively differentiated) ideal self. Put another way, the ideal self is a construct relevant to the neuroses as well as to more primi-

⁸ Bibring's discussion of depression is very closely related to Kohut's notion of depletion of the self, and the failure to attain ambitions and ideals. While he does not explicitly discuss shame, Bibring approximates the conceptualizations of this paper when he states, "... the depression sets in whenever the fear of being inferior or defective seems to come true, whenever and in whatever way the person comes to feel that all effort was in vain, that he is definitely doomed to be a 'failure'" (p. 25). Again, he states "In depression, the ego is shocked into passivity not because there is a conflict regarding the goals, but because of its incapacity to live up to the undisputed narcissistic aspirations" (p. 30).

tive psychopathology. At issue here is the intensity and magnitude of failure, not the existence of failure in affirmation of ambitions and development of attainable ideals. When viewed from the perspective of self in the "broader" sense, we can understand that failures in attaining aspirations of the ideal self need not necessarily reflect severe psychopathology.

Guilty Man vs. Tragic Man

Kohut has recently designated the individual suffering from pathology of structural conflict as Guilty Man, contrasting with major self pathology as Tragic Man. "I identify these (two directions of man's functioning) by speaking of *Guilty Man* if the aims are directed toward the activity of his drives and of *Tragic Man* if the aims are towards the fulfillment of the self" (1977, p. 132). He amplifies that, because of environmental pressures and inner conflict, Guilty Man is often unable to achieve his goals. So too, Tragic Man frequently fails to attain the goals of his nuclear self in terms of self-expression and creativity. About Guilty Man, Kohut asserts that "the end result remains that of classical analysis: a conception of man as endowed with either a well-functioning or a malfunctioning psychic apparatus—of man spurred on by his drives and shackled by castration anxiety and guilt" (1977, p. 233). However, to understand Tragic Man, the constructs of self psychology are needed:

Nuclear ambitions and ideals are the poles of the self; between them stretches the tension arc that forms the center of the pursuits of Tragic Man. . . . The psychology of the self is needed to explain the pathology of the fragmented self (from schizophrenia to narcissistic personality disorder) and of the depleted self (empty depression, i.e., the world of unmirrored ambitions, the world devoid of ideals)—in short, the psychic disturbances and struggles of Tragic Man (1977, p. 243).

If guilt is the dominant experience of man suffering from the structural disorders, are we not justified in considering shame (and the previously mentioned related phenomena) as the major affect of Tragic Man, particularly of the depleted self, suffering as it does, in Kohut's terms, the empty, guiltless depression of the self with unmirrored ambitions, and devoid of ideals? I have suggested that patients suffering from fragmentation and disintegration of the self (i.e., schizophrenics, borderlines, and severe narcissistic personality disorders) are too overwhelmed, devoid of a registering

and firm self, to readily experience shame. Their experience is more appropriately the nameless terror and panic of psychosis. However, I have argued that the gradient of failures of the less primitive narcissistic disorders in attaining ambitions, objects, and ideals (relating to the experience of depression and depletion of the self) generates in such patients the affect of shame—shame at the failure to realize ambitions, to gain response from others, at the absence of ideals. While shame and guilt coexist for these patients (through the guilt-shame cycle of Piers), *shame* remains a distinguishing affective experience for them, the healthier representatives of Kohut's Tragic Man.

Shame and Narcissism

In the epilogue to his 1977 work, Kohut makes the interesting suggestion that problems of the self (i.e., narcissistic problems) are increasing in current Western society, while problems of inner structural conflicts are decreasing. Some observers have argued that there is not an absolute increase in narcissistic disorders, but rather that these disorders are being more frequently and correctly identified. Whatever the statistical truth on this question will prove to be, it is certainly true that psychoanalysis is accepting more frequently for its specialized treatment patients who suffer disordered narcissism (patients whom Kohut designated as suffering from pathology of the nuclear self). He suggests that this shift in the increase of narcissistic problems reflects understimulation of children by the emotional life of their parents in contemporary society, while previously they were more frequently overstimulated. Overstimulation due to parental over-closeness led to the structural disturbances of neuroses, and reflected parental acting out of their own neurotic conflict (1977, p. 273). On the other hand, "understimulation due to parental remoteness that is a pathogenic factor in disorders of the self is a manifestation of a disorder of the self in the parent" (1977, p. 274). Again, "... the child's essential loneliness, i.e. . . . neither the child's pridefully offered exhibitionism nor enthusiastically expressed idealizing needs had been phase-appropriately responded to and that the child, therefore, becomes depressed and lonesome. Such a child's self is psychologically undernourished and its cohesion is weak" (1977, p. 275).

Thus, in Kohut's view, parental self pathology (i.e., narcissistic

disorder) generates self pathology in the child, through insufficient mirroring and inadequate response by the selfobject to idealization. The child, then, evolves without adequate response to his ambitions and ideals, and frequently develops with impoverishment, depletion of his nuclear self. While an argument can be offered in favor of over-stimulation as a source of certain narcissistic pathology, this paraphrasing of Kohut describes, I suggest, the more frequent pattern and dilemma of the narcissistic character treated currently in analysis. Such patients present with a grandiosity which defensively covers an emptiness of self, an absence of attainable ambitions, sustaining ideals, or meaningful affirming personal relations, making them resistant to traditional psychoanalytic treatment.

Further, I suggest that shame is one of the dominant, excruciatingly painful experiences of such patients. Encumbered with grandiose fantasies which have been unmodified through empathic, realistic responses by a sustaining selfobject, these patients face repeated failures to achieve their (unrealistic) ambitions. They feel empty and worthless, because their world is so devoid of sustaining objects and ideals. As we have seen earlier, their shame is experienced in relation to repeated failure to realize their exhibitionistic, grandiose ambitions; to the emptiness (depletion) of their self with regard to ideals; and failure too in their attempt to establish close, meaningful interpersonal relationships. The shame over this emptiness and repeated failure is accompanied by depression, but too often it is only the depression which is treated, and not the concomitant shame which leads to it. In essence, these are individuals who cannot attain even a modicum of self-acceptance, who cannot believe that anyone else could possibly accept them, for all their emptiness and failure at their own self-appointed, grandiose life tasks. This lack of acceptance by self and others is, I suggest, a central narcissistic dilemma; relates to the deeply felt shame of the narcissistic patient; and should be a target in treatment of the narcissistic personality.

Psychoanalytic Treatment of Shame

A long discourse on the psychoanalysis of shame is also beyond the scope of this paper, and must await further elucidation. Let me return to Kohut, however, to offer an explanation of the psychoanalytic process. "In my view, then, the essence of psychoanalysis lies in the scientific observer's protracted empathic emersion into

the observed", i.e., the inner life of man, "for purpose of data-gathering and observation" (1977, p. 302). Since empathy is so central a construct to Kohut's psychology, let us review his definition of that capacity; "our ability to know via vicarious introspection—my definition of empathy. . . .—what the inner life of man is, what we ourselves and what others think and feel" (1977, p. 306).

As the finale to this consideration of shame and its relationship to failures and depletion of the self, I wish to suggest, along with Levin (1971, p. 361), that the careful analysis of shame should be one of the major goals of the analytic process. Protracted empathic emersion into the feeling state of any patient (but particularly into the world of the narcissistic patient) will unveil deep and painful shame feelings. These are often difficult to detect, for many defenses are directed at covering over shame experiences, and the defects, failures, and emptiness which engender them. However, their discovery, examination, working through by the patient, and the ultimate realization that the analyst and patient alike can accept them, represent a major curative factor in each and every successful analysis. In achieving this goal, the analyst should be helped and guided by his own recognition, through the vicarious introspection of empathy, of his own failures to achieve goals, to realize ambitions and ideals, of his own defects—in short, the analyst must be willing to face and acknowledge his own shame, and the pain which accompanies it.

Many have argued that the tenants of self psychology can be well integrated into the theoretical framework of classical psychoanalytic theory. However, with regard to the affective experience of shame, it seemed that structural theory could not completely encompass and explain its importance, particularly in the narcissistic patient's psychopathology. Unlike guilt, which can be understood in terms of the conflicting vectors of traditional metapsychology, shame can best be appreciated as a reflection, not of conflicting drives, but of passive failure, defect, or depletion. Heuristically, then, I have chosen to view shame within the context of self psychology and the ideal self.

Shame is the affective response to falling short of a goal, to failure, to defect, to depletion of ideals. Shame motivates the individual to cover up, to hide, to withdraw. As guilt motivates the patient to confess, shame motivates him to conceal—for this reason,

shame has been less richly evaluated in psychoanalytic literature, and less frequently dealt with in psychoanalytic therapy. For guilt, the antidote is forgiveness; shame tends to seek the healing response of acceptance—acceptance of the self despite its weaknesses, defects, and failures. A lack of self-acceptance underscores the distress of the depleted, empty, depressed narcissistic patient—which Kohut calls the patient's "guiltless despair"—and the selfobject/analyst must strive to facilitate self-acceptance through his own protracted empathic emersion into the patient's psychological depths.

Our inquiry has unearthed areas which require further study. A definitive historical review of the self-concept has been long overdue. The relationship of shame to manic depressive illness, guiltless depleted depression reflecting lowered self-esteem, and the depression of women in current western society require further examination. Elaboration of shame with regard to the related phenomena of humiliation, mortification, remorse, apathy, embarrassment, and lowered self-esteem is a necessary task. And finally, a technical exploration of the psychoanalysis of shame has yet to be undertaken in the context of Kohut's contributions. I hope that this exploration will stimulate further work on these important issues.

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